



#346859

WEMHH/SB/21 (6/04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

*Handwritten:* 2-Examiner CC  
JIFW

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	90/703,755- 69/703,755 1
	Filing Date	November 1, 2000
	First Named Inventor	Jay W. Grate
	Art Unit	1752
	Examiner Name	Sin J. Lee
Total Number of Pages in This Submission	Attorney Docket Number	50005-96

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition to Correct Inventorship	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Declaration Under 37 CFR §1.48
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	Consent of Assignee to Correct Inventorship
<input type="checkbox"/> Certified Copy of Priority Document(s)		Declaration Under 37 CFR §1.63
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		Assignment
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Assignment Recordation Form

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	John M. Bradshaw Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>[Signature]</i>
Date	May 25, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or printed name	John M. Bradshaw		
Signature	<i>[Signature]</i>	Date	May 25, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAY 27 2005

WEMMH/SB/17 (12/04)

OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# **FEE TRANSMITTAL FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$170.00)

## **Complete if Known**

Application Number	09/703,755
Filing Date	November 1, 2000
First Named Inventor	Jay W. Grate
Group Art Unit	1752
Examiner Name	Sin J. Lee
Attorney Docket Number	50005-96

### **METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### **FEE CALCULATION:**

#### **1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### **2. EXCESS CLAIM FEES**

##### **Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)	Small Entity Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	50	25
Multiple dependent claims	200	100
	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ -20 or HP = _____ x _____ = _____						
(HP = highest number of total claims paid for, if greater than 20)						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

\_\_\_\_\_ -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
(HP = highest number of independent claims paid for, if greater than 3)

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### **4. OTHER FEE(S)**

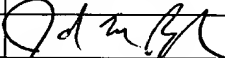
Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other: Petition to Correct Inventorship Fee (\$130.00), Assignment Recordation Fee (\$40.00)

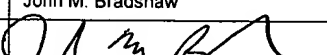
\$170.00

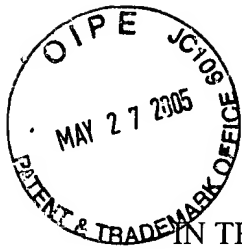
#### **SUBMITTED BY:**

Name (Print/Type):	John M. Bradshaw	Registration No.:	46,573	Telephone:	(317)634-3456
Signature:		(Attorney/Agent)		Date:	May 25, 2005

#### **CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or via Express Mail Label No.: on the date indicated.

Name (Print/Type)	John M. Bradshaw	Date	May 25, 2005
Signature			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)	
	)	Before the Examiner
Grate et al.	)	Sin J. Lee
	)	
Serial No. 09/703,755	)	
	)	Group Art Unit 1752
Filed November 1, 2000	)	
	)	
PHOTOPATTERNABLE SORBENT	)	
AND FUNCTIONALIZED FILMS	)	
	)	

REQUEST TO CORRECT INVENTORSHIP

Commissioner for Patents  
P. O. Box 1450  
Arlington, VA 22313-1450

Sir:

Applicant and Assignee of the present Application hereby request Correction of Inventorship of this Application to add Glen Dunham as a co-inventor of the invention disclosed and claimed therein. As confirmed in the enclosed Declaration of Mr. Dunham, this error arose without any deceptive intent on the part of Mr. Dunham. An executed declaration by all inventors is included herewith. A Consent of Assignee form signed by a representative of the Assignee provides its requisite consent. Finally, a credit card authorization to pay the requisite fee is enclosed. An Assignment is enclosed transferring rights from Mr. Dunham to Battelle Memorial Institute, the Assignee of the rights of the originally named inventors, Jay W. Grate and David Nelson.

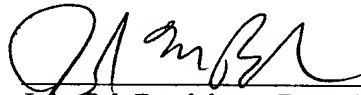
05/31/2005 MAHME1 00000053 09703755

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130.00 0P

If there are any questions regarding this filing, or any issues are raised that might be resolved telephonically or by fax, please feel free to contact the undersigned.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'JMB', is written over a horizontal line.

John M. Bradshaw, Reg. 46,573  
Woodard, Emhardt, Moriarty,  
McNett & Henry LLP  
111 Monument Circle, Suite 3700  
Indianapolis, IN 46204  
Direct Phone: (317) 713-4936  
Fax: (317) 637-7561

339843

#344686



UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Jay W. GRATE et al.

Serial No.: 09/703,755

Filed: November 1, 2000

PHOTOPATTERNABLE SORBENT  
AND FUNTIONALIZED FILMS

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Before the Examiner  
S. Lee  
  
Group Art Unit 1752

**DECLARATION UNDER 37 C.F.R. §1.48**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

I, Glen C. Dunham, hereby declare that:

1. I have reviewed the above-identified application and believe that I am an inventor.

2. The error in my not being named as an inventor in the original filing arose without deceptive intention on my part.

MAY 19, 2005  
Date

Glen C. Dunham  
Glen C. Dunham



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)
	) Before the Examiner
Grate et al.	) Sin J. Lee
	)
Serial No. 09/703,755	)
	) Group Art Unit 1752
Filed November 1, 2000	)
	)
PHOTOPATTERNABLE SORBENT	)
AND FUNCTIONALIZED FILMS	)

CONSENT OF ASSIGNEE TO CORRECTION OF INVENTORSHIP

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:


I, Todd J. Harrington, state that I am Contracting Officer of Battelle Memorial Institute, the assignee of the subject patent application. The assignment of the invention to Battelle Memorial Institute was executed on October 31, 2000 and recorded by the Patent and Trademark Office on December 27, 2000 at reel/frame 011404/0099. A copy of the Assignment and transmittal form are attached hereto. I have the authority to act on behalf of the assignee (Battelle Memorial Institute) of the subject patent application with regard to all matters including the correction of inventorship by the addition of another inventor. I have been advised regarding the Request for Correction of Inventorship relative to the subject application and the request to add Glen Dunham as one of the named inventors. The assignee hereby gives its

consent to this Request for Correction of Inventorship and to the addition of Glen Dunham as a named inventor on the subject patent application.

BATTELLE MEMORIAL INSTITUTE

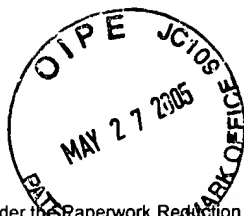
May 19, 2005

Date

  
Name Todd J. Harrington

Contracting Officer

Title



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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	50005-96
First Named Inventor	Jay W. Grate
COMPLETE IF KNOWN	
Application Number	09/703,755
Filing Date	November 1, 2000
Art Unit	1752
Examiner Name	Sin J. Lee

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PHOTOPATTERNABLE SORBENT AND FUNCTIONALIZED FILMS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **November 1, 2000** as United States Application Number or PCT InternationalApplication Number **09/703,755** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.



Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

45895

Place Customer Number  
Bar Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number Bar Code Label 45895 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

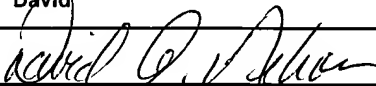
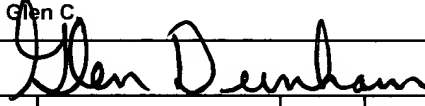
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname				
Jay W.				Grate				
Inventor's Signature	<i>Jay W. Grate</i>					Date	May 18, 2005	
Residence	City	West Richland	State	WA	Country	99353	Citizenship	US
Post Office Address	P.O. Box 4147							
Post Office Address								
City	West Richland	State	WA	ZIP	99353	Country	US	

☒ Additional inventors are being named on the \_\_\_1\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
David					Nelson				
Inventor's Signature							Date	5/19/05	
Residence	City	Richland	State	WA	Country	US	Citizenship	US	
Post Office Address	W337 Riverwood Drive								
Post Office Address									
City	Richland	State	WA	ZIP	99352	Country	US		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Glen C					Dunham				
Inventor's Signature							Date	MAY 19, 2005	
Residence	City	Kennewick	State	WA	Country	US	Citizenship	US	
Post Office Address	13107 Spirit Lane								
Post Office Address									
City	Kennewick	State	WA	ZIP	99338	Country	US		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature							Date		
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		ZIP		Country			